



Water Resources Program
Application for a Water Right Permit

For Ecology Use
(Date Stamp)

RECEIVED
JAN 26 2012
WA State Department
of Ecology (SWRO)

☐ SURFACE WATER ☒ GROUND WATER ☐ PERMANENT

☐ TEMPORARY ☐ SHORT TERM ☐ DROUGHT

Follow the attached instructions. Attach additional sheets as necessary.

*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Jack Johnson Riverhill Properties LLC	Phone No: 360-731-7101	Other No:
Address: P.O. Box 1119		
City: Belfair	State: WA	Zip: 98528
Email Address (optional): jjc@hctc.com		

Contact Name (if different from above): Northwest Water Systems	Phone No: 360-876-0958	Other No:
Relationship to Applicant: Engineer		
Address: P.O. Box 123		
City: Port Orchard	State: WA	Zip: 98366
Email Address (optional): bill@nwwatersystems.com		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: Riverhills Properties LLC.	Phone No: 360-275-1000	Other No:
Address: P.O. Box 640		
City: Belfair	State: WA	Zip: 98528
Email Address (optional): Peninsulatopsoil@yahoo.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: To establish water rights for a 180 connection
Community Group A Water System in Belfair, WA.

Anticipated length of time to complete your project: 10 years

Water Use List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only) <input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
Domestic-multiple	375	90	Continuously
TOTAL:	375	90	

For Ecology Use	APPLICATION NO: G2-30590	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned: _____	By: _____	Priority Date: _____
	By: _____	WRIA: _____

Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: ____/____/____ TO: ____/____/____

Section 3. POINT OF DIVERSION OR WITHDRAWAL
(Complete A or B, and C below)

A.) If Surface Water Source	B.) If Ground Water Source
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: _____	Well diameter & depth: 8" diameter, 630' deep
Tributary to: _____	Number of proposed points of withdrawal: 2
Number of proposed diversion points: _____	Do you have an existing well? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Do you have an existing diversion? <input type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test. Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
12321-21-00000	SE	SW	16	23N	1W	Mason
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
__ Feet (☒ North/☐ South) and _____ feet (☒ East/☐ West)
from the (☐NW ☒ SW ☐NE ☐SE ☐ ____) corner of Section **16**.

Parcel No.	¼	¼	Section	Township	Range	County

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:
____ feet (☐ North/☐ South) and ____ feet (☐ East/☐ West)
from the (☐NW ☐SW ☐NE ☐SE ☐____) corner of Section ____

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO
Provide the owner name(s), address, and phone number: _____

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

Portions of the SE ¼ of the SW ¼ of Section 16, and portions of the NE ¼ of the NW ¼ of Section 21, Township 23North, and Range 1W, W.M., In the County of Mason, in the state of Washington. More specifically tax parcel number 12321-21-00000

Mason County Assessor's legal description: NE NW* TGW W1/2 NW SE NW PCL 2 OF BLA #05-51 S 32/149

¼	¼	Section	Twp.	Range	County	Parcel No.
SE	SW	16	23n	1W	Mason	12321-21-00000

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____

Stockwater

List number and kind of stock: _____

Is the proposed project for a dairy farm? ☐ YES ☒ NO

Other Proposed Farm Uses

Describe all proposed uses: _____

Family Farm Water Act (RCW 90.66):

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: _____

Section 8. OTHER WATER USES

Hydropower

Indicate total feet of head _____ and proposed capacity in kilowatts: _____

Describe works: _____

Indicate all uses to which power is to be applied: _____

FERC License No: _____

Mining/Industrial Use

Describe use, method of supplying and utilizing water: _____

Other Use

Section 9. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☒ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe: _____

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.

Section 10. DRIVING DIRECTIONS

Provide detailed driving directions to the project site: From Olympia; north on Hwy 101 toward Shelton. Exit Hwy 101 onto St. Rt. 3 North toward Belfair. In Belfair; turn left onto Old Belfair Hwy. Travel approximately 2 miles and turn right on Newkirk Rd. After approximately ¼ mile turn left on Mahonia Dr. Project Site is at end of road.

Site Address: no address assigned

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

William Berwier
Print Name
(Applicant or authorized representative)

William Berwier
Signature

1-20-12
Date

Jack Johnson
Print Name
(Legal Owner or Part Owner Place of Use)

Jack Johnson Member
Signature
Reverin Properties LLC

1-25-12
Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Print Name
(Legal Owner or Part Owner Place of Use)

Signature

Date

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input checked="" type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: _____

Are there any other water rights or claims associated with this property or water system? ☐ YES ☒ NO

If yes, provide the water right and/or claim numbers: _____

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): The proposed water system has yet to be designed. It will likely utilize two drilled wells equipped with 200 gpm submersible pumps. The pumps will fill a large reservoir. The distribution system will be pressurized by 75 gpm booster pumps controlled by a 40/60 pressure switch and 86-gallon pressure tanks. The distribution system will be comprised of approximately 3,000 feet of 6" PVC pipe.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION
(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only <small>(defined under RCW 90.03.015)</small>
Projected number of connections to be served: <u>180</u>	Present population to be served water: <u>0</u>
Type of connections: <u>Residential Homes</u> <small>(e.g., home, recreational cabin)</small>	Estimate future population to be served: <u>450</u> (20 year projection)
C.) Water System Planning	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: <u>Pending</u>	
Name of water system: <u>Riverhill Water System</u>	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

Irrigation

Total number of acres requested to be irrigated under this application = ACRES

NOTE: Outline the area to be irrigated on your attached map.